

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39627

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 112	
1. PLACE OF DEATH a. COUNTY <u>Verma</u>				2. USUAL RESIDENCE (Where deceased lived) If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Washburn Mo</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo</u> 3218			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>				d. STREET ADDRESS (If rural, give location) <u>6846 E 14th</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>KITTIE</u> b. (Middle) <u>HEER</u> c. (Last) _____				4. DATE OF DEATH (Month) (Day) (Year) <u>11-17-50</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12-12-90</u>	
9. AGE (In years last birthday) <u>59</u>		10. IF UNDER 1 YEAR Months <u>11</u> Days <u>5</u>		11. IF UNDER 1 HRS. Hours <u>1</u> Min. _____		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo</u>	
13a. FATHER'S NAME <u>Henry Schmidt</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Heer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital record Nevada</u> ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cardiac insufficiency</u> INTERVAL BETWEEN ONSET AND DEATH <u>?</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Althimer's disease</u> DUE TO (b) <u>?</u> DUE TO (c) <u>4228</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral atrophy</u> <u>?</u>			
19a. DATE OF OPERATION <u>None</u>				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? _____							
22. I hereby certify that I attended the deceased from <u>12-16-1949</u> , to <u>11-17</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-17</u> , 19 <u>50</u> and that death occurred at <u>3:40 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. G. Vall</u> (Degree or title) _____				23b. ADDRESS <u>Nevada Mo</u>			
23c. DATE SIGNED <u>11-17-50</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>11-17-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mo. Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Tanner city Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 21, 50</u>		REGISTRAR'S SIGNATURE <u>Thurman H. Wagner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wagner Funeral Home</u> ADDRESS <u>Tanner city Mo</u>			

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED NOV 26 1950

Dist. File 1250-2377

Date Filed 12-5-50

JUN 12 1951

MS OCT 1 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Marcel E. Eicher

Licensed Embalmer No. 2656

P. O. Address Nevada Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.